





# HARVARD MEDICAL ALUMNI BULLETIN

THE TEACHING OF MEDICINE  
AT THE MASSACHUSETTS  
GENERAL HOSPITAL



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*October, 1934*

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## BENZEDRINE

### SOLUTION

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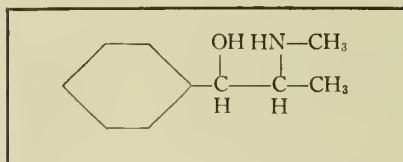
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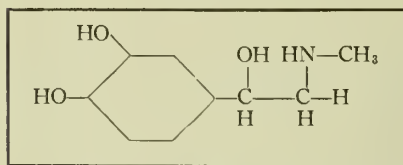
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- (i) Its effect is adequate and persistent.
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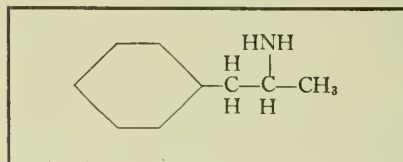
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3. BENZEDRINE

Benzedrine Inhaler and Solution are now used routinely by physicians for shrinking the nasal mucosa in head colds, sinusitis, vasomotor rhinitis, hay fever and asthma.

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So long as medical men tacitly encourage the present trend, so long will serious inroads continue to be made into private medical practice. When more physicians specify MEAD'S Products\* when indicated, more babies will be fed by physicians because Mead Johnson & Company earnestly cooperate with the medical profession along strictly ethical lines and never exploit the medical profession.

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*"We Are Keeping the Faith"*



Dr. Edwin A. Locke, President of the Harvard Medical Alumni Association.



## The Teaching of Medicine at the Massachusetts General Hospital

By J. H. Means, M.D., '11

THE teaching of clinical medicine and surgery at Harvard gains some impetus and is kept, perhaps, to a certain extent rejuvenated through the rivalry of clinics. A school, depending on a single clinic, loses somewhat on this account. The clinics, of course, have the ulterior purpose of attracting students so that they may secure the best of them later to serve as internes. In this respect, the clinics are in direct competition. This may as well be freely admitted. From the student's point of view, this competitive element is an asset, for it leads each clinic to seek to give the best teaching of which it is capable. The school gives the students choice of clinics, in so far as it is able. A clinic which falls into the doldrums no longer attracts the best students.

It might be objected that, under such a system, frank catering to students will tend to displace sound pedagogy. This doesn't happen because superior students can distinguish the latter, and it is quality of students, not number, which the clinics are seeking.

The clinical teacher serves two masters—school and hospital. This, however, creates no conflict. The interests of the two institutions are harmonious, save when it comes to paying bills. The school demands that the teacher teach as well as he is able; it also demands that he add in some way to the progress of medicine. The hospital demands that, in his role of staff physician, he take the best care of its patients. He is most likely to do this when he has the double stimulus of teaching and

research to enrich his motivation. The presence of the student in the clinic improves the care of the patient through its effect upon the purposes and behavior of the physician. He can only do his best when performing under the eagle eyes of students.

The writer has been asked to give some account of the part played in such an arrangement by the medical clinic of the Massachusetts General Hospital. It may be proper, first, to touch very lightly upon history. The Medical School opened in 1783. The Massachusetts General Hospital received its first patient and student in 1821. Until the Boston City Hospital opened in 1864, Harvard was a one-hospital medical school. In 1913, the Peter Bent Brigham Hospital opened and, in 1928, the Beth Israel began its affiliation with Harvard. Thus came into being the system of rival clinics. It cannot be too strongly stressed that, for the most part, the rivalry has been of a gentlemanly variety, so much so indeed, that it has provoked favorable comment by visitors, not only from our country, but from abroad. It must never be otherwise.

The writer was a fourth-year student in 1910-1911. At that time, there was no such thing as a clinical clerkship. One had had, in the third year, some access to patients in out-patient clinics. The fourth year was entirely elective. There were two separate Departments of Medicine, one of which rejoiced in the ancient title of Theory and Practice of Physic, the other in Clinical Medicine. The former offered

two courses, one at the Massachusetts General Hospital, one at the Carney Hospital, in which fairly adequate opportunity to study ward cases was given, but no responsibility such as that of the present day clerk. The Department of Clinical Medicine offered a course of out-patient work in the mornings and ward walks, at which the student was largely a spectator, and special exercises in the afternoon.

The clinical clerkship, as we know it today, was started in the clinics affiliated with Harvard by Dr. Edsall in 1913. That same year the departments of Theory and Practice and Clinical Medicine were combined to make the Department of Medicine, as we know it today. The first year the medical clerkship was an elective. It was offered at the Massachusetts General Hospital and the Peter Bent Brigham Hospital. The next year, 1914-1915, it had become a requirement, two months minimum, and was offered at the Massachusetts General Hospital, the Peter Bent Brigham Hospital and the Boston City Hospital. Thus it has been ever since, with the Beth Israel Hospital joining in 1928. The introduction of the clinical clerkship was a very signal improvement in the method of teaching. It not only greatly increased the student's opportunity for observation of patients and their care, but exposed him, in addition, to the salutary influence of responsibility, in the carrying of which he is sufficiently under the eyes of those more advanced than he that the patient in no wise suffers on account of his inexperience.

At the Massachusetts General Hospital it has been the writer's custom, since he took charge of the clinic in 1923, to give all new clerks a so-called fight talk before they take up their duties. He describes the general object of the course and the local peculiarities, in so far as he is conscious of them, of the particular hospital and the conception of the function of the clinical clerk which prevails there.

At the Massachusetts General Hospital, the clerks are told that they are now about

to become immersed in the most stimulating work, with the possible exception of obstetrics on the district, of the curriculum; stimulating beyond that which has preceded because no longer are they to go through certain motions for purely educational purposes, but they themselves are going to help take care of the patient. The nature and significance of the factor of responsibility is stressed, we will hope, not *ad nauseam*. It is explained that in the hospital, of necessity, the patient is cared for by a group of persons, in fact a team. To make the work of a team approach in excellence that of a single physician, each member must devotedly do his allotted part and leave nothing that is his to another. He must work in harmony with all teammates and see that his work dovetails with theirs. Shifting of responsibility should be unthinkable. When it starts anywhere, it is to the detriment of the patient. Clerks are always told to read Peabody's lecture on "The Care of the Patient."

The importance of the first professional contact with the patient is dwelt upon. The clerk usually is the one to make this contact. His opportunity and responsibility, in this interview, are explained to him. When a patient enters a hospital, more than at any other time in life perhaps, is when he needs a friend. The clerk can be that friend.

Some discussion of history taking is given, not so much of what sort of information is to be gathered, as of how it is to be gathered. It is pointed out that a method, good in one case, would be bad in another. The clerk is urged to use his judgment in making his selection. He has it in his power to inspire confidence or to antagonize, by the way he conducts his questioning. It is suggested that if a patient have something on his chest that he wishes to be rid of, it is wiser to let him rid himself than interrupt to ask what his grandmother died of, or whether he ever had the measles. The clerk is told that no one can write, first hand at the bedside, the kind of elaborate record that hospitals



require. He must make notes at the bedside and write an orderly history later. This record, in his own chirography, is the official hospital record. It is read critically by both the interne and resident. These officers must satisfy themselves that it is both complete and accurate.

The Massachusetts General Hospital rather prides itself on its hand-written records. The series goes back unbroken to 1821. Even when illegible, the records yet have personality. All persons connected with the service, who have opinions in a case, are urged to enter them in the record above their signatures. Some remarkable differences of opinion are often recorded. It is well for the students to see that even their professors are not afraid to disagree in writing; also that the opinion of any member of the team, from the most junior to the senior, is worthy of attention.

Another point which is stressed in the fight talk to clerks is that the clerkship, for the first time, offers an opportunity really to follow cases; to get, as it were, a moving picture instead of a single snapshot of the patient and his ailment. They are urged to gain experience by daily observation of the condition of the patient and the minutiae of treatment. They are urged also to arrange, when possible, to see him after discharge, when he returns to the Out-Patient Department.

The actual plan of the clerk's work at the Massachusetts General Hospital is as follows. He is assigned to one of the two medical services. He takes new cases in rotation with his fellows. It has been found by experience that two, or at the most three, new cases per week are all that the clerk can handle easily. On these he writes the history, makes a physical examination and does the routine laboratory work. He is expected to make and record his own diagnosis and opinion, and prescribe what he thinks the appropriate treatment. These are recorded, not in the official record, but on a form known as the "Clerk's Case Summary," which later be-

comes his permanent property. He makes his own daily visits on all of his patients and records all follow-up information also in his clerk's summary. The interne writes the official follow-up notes in the hospital record.

The question of how much or how little actual teaching should be given in the fourth year is difficult to answer. We have always felt that the clerk learns chiefly by his own case work. Turn him loose in a clinic, with definite responsibilities, and if he is possessed of any flare for medicine, he will learn readily with no formal instruction. There must, of course, be close oversight and opportunity to get assistance. This goes without saying. The question is rather to what extent should definite teaching exercises, at bedside or in classroom, supplement the routine working of the clinic. Students, at least the lower 80 per cent of them perhaps, seem to crave a certain amount of spoon feeding.

For a number of years our fourth-year course in medicine has consisted in two bedside quizzes per week, regular rounds with the visiting physician four mornings a week, and Out-Patient Department two mornings a week, one clinico-pathological conference, one quizz of an hour, usually on therapeutics, a weekly staff case conference, and a conference with a psychiatrist, on the mental aspects of disease. For the rest of the time the clerk is left to his own devices. We have, until recently, looked upon this as adequate.

We have felt that one need but offer an opportunity for clinical experience with guidance, which could always be had for the asking. Whether he took full advantage of his opportunity, lay with the student. Superior students make ward rounds intellectually stimulating occasions, participating quite freely in what often is an animated discussion. One visiting man, indeed, remarked quite cheerfully that he found sometimes, when he was ready to pass from one case to another, he could not do so because Clerk Q. had not finished discussing the first one. Usually this

kind of participation is traceable to genuine interest, although, of course, occasionally one finds the student who asks questions, usually ones he knows the instructor cannot answer, for the sake of publicity.

Caring for patients in such an atmosphere calls forth the best there is in the physician. These discussions benefit the patient through improving the professional attention given to his case, and often the thoroughness of its study. Care has to be taken constantly, however, that they do not likewise harm him through thoughtless mention of matters best avoided in his hearing. This danger, too, is stressed in the fight talk.

During the coming year, we shall increase slightly the amount of time devoted to actual teaching; this because students themselves have desired that we do so. Whether it will turn out to be a genuine improvement in curriculum, can only be learned by experiment. The bedside quizzes, which formerly were but an hour, have been lengthened into teaching rounds occupying the morning. The regular rounds will be attended twice instead of four times weekly.

In the afternoon there will be added, once a week, a teaching round on a special topic. The object of these last is to give students an opportunity to hear from men who have devoted themselves intensively to a special field of medicine. These rounds will be attended by such clerks as wish, from either service, and the instructors will make use of any clinical material in the hospital. Both of these additions were suggested by Dr. C. M. Jones and, consequently, are known as the "Jones Plan." This plan went into effect the first of August. The special and regular teaching rounds both seemed to be of interest to the students. Some of the topics taken up at the special rounds were heart diseases, blood diseases, thyroid diseases, other endocrine diseases, arthritis, diabetes, allergic diseases, pulmonary diseases, functional disease, and gastro-intestinal diseases.

The plan for bringing the social com-

ponent of medicine into the picture needs mention. After experimenting with several methods, we have hit upon the following as satisfactory. A member of the Social Service Department has a conference with each new group of clerks and outlines the social data which may bear on diagnosis and treatment, and how it can be obtained. Each clerk is directed to select one patient, in whose case the social factor seems to loom large, and to make a special social study in that case. This study is made with the social worker's help, or at least advice. A report is written by the clerk and discussed together with those of his fellows at a second conference with the social worker, which is attended also by a medical teacher. The object is to make students aware of the importance of social factors, not to give them instruction in how to render social service.

This is perhaps about all that need be said, at the moment, of fourth-year medicine. The number of medical clerks that can satisfactorily be made a part of the organization at the Massachusetts General Hospital at one time is sixteen. More than that could not be given adequate opportunity or training. With less, the clinic definitely misses the clerks' labor. When Harvard does not fill the quota, we secure students from other schools whenever possible. This occurs chiefly in summer. It is, on the whole, a distinct advantage to have these visitors. They bring new ideas to us and enable us to spread what gospel we may possess a little wider.

There remains now for comment the third-year course in medicine. Under the curriculum adopted in 1929, all students spend a trimester in medicine and allied specialties which are taken to be neurology, psychiatry, dermatology and syphilology. Three mornings a week they have case work in out-patient departments under special instructors. At the Massachusetts General Hospital there are two instructors, each serving three mornings a week and taking half the group, or nine students. A special teaching clinic room is provided for

this work and the students' patients are taken out of the regular clinic and cared for by the instructor. Two afternoons a week the whole group (eighteen) are supposed to be given bedside teaching. We have found the group too large to take into a ward comfortably, but we can move the bedside into a classroom.

These practical exercises in the third year undoubtedly bring the student's mind to a focus upon the patient earlier than under the old regime. Also the more extended opportunity for actual observation of patients gives the student a framework of practical experience upon which to hang his book learning and what is told him in lectures, which makes the knowledge more available and more significant than it used to be under a more didactic method.

An idea seems to prevail among certain

alumni, who have not visited the teaching clinics for years that students there are taught by full-time men a whole lot of research "bolony" and but little of the care of the patient. A visit would prove that this is not so. The important results of research, of course, the practitioner should know. We try to present these to students from time to time in proper form. For the exceptional student, possessed of a heaven-sent capacity for doing research, provision for a special curriculum is provided by the tutorial system or in fourth-year electives.

In the regular course in medicine the object has been, and should be, to train men to care for the sick; in fact, to engage in the practice of medicine. The teaching is case teaching. The emphasis is squarely on the patient.

## TEACHING OF CONTAGIOUS DISEASES

[Editor's Note—The following report was prepared by a committee appointed by the president of the Alumni Association, in response to a request, made at the last annual meeting of the Association, that the teaching of contagious diseases in the School be investigated. In regard to this request, see the Letter Column, page 10.]

The matter of the instruction given at the Harvard Medical School in the so-called contagious diseases has been referred to the undersigned for investigation. We submit the following report.

Didactic and laboratory instruction in the bacteriologic and immunologic aspects of the contagious diseases is given by Dr. Zinsser in the second year. There are also five lectures and discussions, each of three hours duration, on the epidemiology of these diseases by Dr. Rosenau in the third year. The whole class receives five lectures, in the third year, under the Department of Pediatrics on the clinical features of the contagious diseases and in addition each section receives five hours in which there are quizzes, demonstrations of wax mouldages and general reviews and discussions of all these diseases in their various

aspects. There is also special assigned reading. This instruction, in our opinion, is adequate and very well given.

Bedside teaching in the contagious diseases was given at the South Department of the Boston City Hospital up to 1929, but since then it has been given at the Haynes Memorial Hospital and at the Isolation Unit of the Children's Hospital.

The Haynes Memorial Hospital is the contagious unit of the Memorial Hospitals. It has a capacity for 150 patients and admits persons ill with all of the contagious diseases. It serves as the contagious hospital for 93 municipalities and for the Immigration Bureau. There is a wide variety in the diseases admitted. The chief of staff is Dr. Conrad Wesselhoeft and his associate is Dr. Edward C. Smith. Dr. Wesselhoeft and Dr. Smith are exceptionally capable clinicians of wide experience and remarkably able teachers. Students are fortunate in having the opportunity of instruction from these men.

The Isolation Unit at the Children's Hospital is equipped to care for 56 children ill with any of the contagious diseases



and under pressure, as during an epidemic, it could accommodate 112 patients, by using single rooms for two patients ill with the same disease. Owing to lack of funds this Unit can admit at the present time only 28 patients. If more money can be secured so that the Unit can admit to its full capacity, a considerable increase of patients will be available for teaching. Dr. Charles F. McKhann is in charge of the Isolation Unit and Dr. R. Cannon Eley is his assistant. Both of these men have had excellent training and practical experience for many years in the diagnosis and treatment of patients ill with the contagious diseases. They are capable and stimulating teachers.

During 1933-1934 each section of third-year students had the opportunity to attend two elective ward walks on free afternoons at the Haynes Memorial Hospital. In the fourth year each section had two required exercises at the Haynes Memorial Hospital and from January to June four required exercises at the Isolation Unit of the Children's Hospital. In 1934-1935 the third-year students will be required to attend the exercises at the Haynes Memorial Hospital and will be offered two additional elective exercises on free afternoons at the Children's Hospital from January to June. The fourth-year students will be required to attend two or four clinics at the Haynes Memorial Hospital and four clinics at the Children's Hospital from January to June.

There is a wide variation in the prevalence of the contagious diseases during different years and a marked seasonal variation in every year. Due to this unevenness in the distribution of the cases, not every student will see illustrations of every disease. This condition has always existed and cannot be changed. There is no possible arrangement of instruction in view of the demands of the curriculum whereby these variables can be equalized. Many of the contagious diseases have diminished in incidence markedly in recent years. This is especially true of diphtheria, which is now so uncommon as to make it difficult

to demonstrate illustrative cases to all of the students. The only way in which really adequate observation of the contagious diseases can be obtained is by residence for a considerable period of time in the contagious ward of a hospital. This implies that for thorough instruction in the contagious diseases additional training beyond the undergraduate years must be obtained by a hospital internship or post-graduate resident instruction.

The Committee on Education of the White House Conference on Child Health and Protection made a careful study of pediatric teaching in this country. The Harvard Medical School is in the group of schools giving the most time to contagious diseases.

In view of the nature of contagious disease teaching it seems to us that the clinical experience given to the students at the Harvard Medical School is as much as can be reasonably expected during the undergraduate period. Under the present plan the undergraduate student is enabled to secure a sound and fundamental conception of the preventive and therapeutic aspects of this important group of diseases and to observe at the bedside examples of many of the more frequent types of disease.

RICHARD M. SMITH, M.D.

FRANCIS M. RACKEMANN, M.D.

#### THE GEORGE W. GAY LECTURE ON MEDICAL ETHICS

November 1—Understanding the Individual Patient, by Dr. Arthur H. Ruggles of Providence, R. I. Amphitheatre C, Harvard Medical School, at 5 P. M.

#### LECTURES ON THE CARE OF THE PATIENT

November 15—The Personality of the Patient, by Dr. Joseph H. Pratt of Boston. Amphitheatre C, Harvard Medical School, at 5 P. M.

November 22—The Care of the Patient as the Religion of the Physician, by Dr. Stephen Rushmore of Boston. Amphitheatre C, Harvard Medical School, at 5 P. M.

#### LEGAL MEDICINE LIBRARY

Building E 1, Room 305, Harvard Medical School. Open Tuesdays and Fridays, 1 - 5 P. M.

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*Room 111, Harvard Medical School,  
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## Our Purpose.

The constitution of the Harvard Medical Alumni Association states, in its second article, that the objects of the Association are "to advance the cause of medical education, to promote the interests and increase the usefulness of the Harvard Medical School and to promote acquaintance and good-fellowship among members of the Association."

The officers of the organization regret that the affairs of the Association are, perhaps by necessity, dealt with by a small group of men residing chiefly in one section of the country. It is the purpose of the Association to represent graduates of the School, wherever they may live, and all graduates should feel that their support of the Association is important for the purposes to which the Association is subscribed.

It is true, of course, that most of the interests of the Association are centered in Boston, but the influence of the Harvard Medical School will be increasingly far reaching if its graduates throughout the country will consider its welfare.

It has been suggested that the Alumni

Association hold its annual meeting, at least every third year, to coincide in time and place, with the annual meeting of the American Medical Association. Such a move might well be a means of keeping in touch with the School men who might never have the opportunity of returning to Harvard to see at first hand what developments are being made.

The Bulletin attempts to inform all graduates of pertinent news concerning the School and its interests. The Alumni Council will welcome, during the year, as well as at the annual meeting, the receipt of any suggestions which might aid the Association in fulfilling its obligations and possibly in increasing the value of the Bulletin.

In such an organization there are few battles to be fought, but the expression of opinion, no matter what the subject, gives those in executive position evidence that there is reason for the existence of the Alumni Association.

### HARVARD MEDICAL ALUMNI ASSOCIATION FUND FOR ROOMS IN VANDERBILT HALL

The fund established by the Council for distribution among the students of the Medical School, in part payment of room rent at Vanderbilt Hall, has been administered according to instructions of the Council.

Fifteen students have been aided in amounts varying from thirty to one hundred dollars, and averaging sixty-six and two-thirds dollars each. Had it not been for this Alumni Association Fund, none of these students could have been enrolled in Vanderbilt Hall. Furthermore, not only has this fund aided the fifteen students, but also it has aided the University by making rooms available and rentable that otherwise could not have been rented.

AUGUSTUS THORNDIKE, JR., M.D.

*Administrator of the Harvard  
 Medical Alumni Association Fund  
 for Rooms in Vanderbilt Hall.*



## TREASURER'S REPORT

## ACTUAL RECEIPTS SEPT. 15, 1933—SEPT. 15, 1934

	Sept. 15-May 12*	May 12-Sept. 15	Total Receipts
1933-1934 Appeals	\$2,451.55	\$30.50	\$2,482.05
Advertising	340.00	75.00	415.00
150th Dinner	520.75		520.75
Annual Meeting		108.00	108.00
	<hr/>	<hr/>	<hr/>
	\$3,312.30	\$213.50	\$3,525.80

## ACTUAL EXPENDITURES SEPT. 15, 1933—SEPT. 15, 1934

	Sept. 15-May 12*	May 12-Sept. 15	Total Expenditures
Cost of BULLETIN	\$925.52	\$292.48	\$1,218.00
Cost of Appeals	95.43		95.43
150th Dinner	427.50		427.50
Salaries	666.66	333.34	1,000.00
Incidentals	10.00	10.92	20.92
Bank Charges	1.08	.24	1.32
Annual Meeting	33.80	81.00	114.80
Commencement Fee		50.00	50.00
Dinner to 4th-Year Class		125.45	125.45
Advanced Work on Appeals		131.72	131.72
	<hr/>	<hr/>	<hr/>
	\$2,159.99	\$1,025.15	\$3,185.14

\*Indicates figures printed in June issue of BULLETIN.

Actual Receipts Sept. 15, 1933—Sept. 15, 1934	\$3,525.80
Actual Expenditures Sept. 15, 1933—Sept. 15, 1934	<hr/> 3,185.14

Surplus Sept. 15, 1934	\$340.66
Bank Balance Sept. 15, 1933	<hr/> 963.47
Bank Balance Sept. 15, 1934	<hr/> \$1,304.13

Respectfully submitted,  
HENRY H. FAXON, M.D., *Treasurer.*

## 1909 CLASS REUNION

On June 18 and 19 the Class of 1909 celebrated its twenty-fifth reunion. The occasion not only was festive but also extremely interesting.

On the morning of June 18 the flagpole on the Administration Building proudly displayed its Harvard flag with the numerals 0 and 9 waving in the breeze on either side of the Harvard shield. Fittingly enough, at nine o'clock the Class began to assemble and register. Miss Holt, in the Library, had prepared a 1909 exhibit which was well worth inspecting. This showed, among other memorabilia, the graduating picture of the Class, a group of particularly handsome and prepossessing youths, sitting on the steps of the Admin-

istration Building, looking to the future with justifiable serenity; books written by members of the Class; examination questions in medicine of 25 years ago contrasted with those of today; and what was even more striking, something of the growth of the School.

The Class spent the morning enjoying a tour of inspection and it is surprising how many new sights there are to be seen on a pilgrimage of this sort. Bronson Crothers, '09, demonstrated the Bader Building and told the Class something of its purpose; Gorham Brigham, '09, ably assisted by that perennial enthusiast Elliott Joslin, displayed the new Baker Building in the Deaconess Hospital group. The Class drove past the Children's Hospital,

Vanderbilt Hall and the Lying-In Hospital and was duly impressed. J. J. Hepburn, '09 and Otto Hermann, '09, led a procession through the Boston City Hospital, showing first the oldest ward in that imposing institution, then the Thorndike Laboratory, next the newest ward that has been opened, and finally the Mallory Institute of Pathology.

By this time the Class of 1909 had begun to complain, certain members commenting loudly on the heat and of the excessive drought thereby induced, while others, perhaps prematurely decrepit, admitted that their arches had fallen. Thus it seemed best to put in for repairs at the Harvard Club where a magnificent collation was ready to be served in the Aesculapian Room.

About 25 members of the Class were now on hand and with rapt attention once again sat under four of their most beloved teachers: Walter B. Cannon, who spoke of Physiology and its ramifications; F. B. Mallory, who talked of Pathology and the scientific attitude toward medicine; W. H. Robey, who anecdoted and gave the proper touch of lightness to the occasion; David Cheever, who commented on changing trends in the teaching of Anatomy and Surgery. These speeches ended what might be termed the formal part of the reunion.

Swampscott, notoriously, is one of the most decorative spots on the North Shore of Massachusetts. On the evening of June 18 it was even more pleasing to the eye than usual, for scattered over the landscape in various attitudes of abandon could be seen members of the Class of '09. The Class dined, being duly prepared for the ceremony at the home of George Lyons, '09, and spent the night at the New Ocean House after an enjoyable evening of conversation and bridge.

Unfortunately, the next day was rainy. The various hospitals attracted a certain number of the Class, but the more intrepid took advantage of the rain and continued to play bridge. Excitement ran so high

over this sport that it became necessary to broadcast the last few hands. The latest announcement gave forth the news that W. S. Parker was the heavy winner, playing with a machine-like precision equal to that of Mrs. Culbertson and that W. E. Preble, hitherto regarded as impregnable, being the first member of the Class to receive an honorary degree, had just made a bid of three no-trumps when vulnerable and had been set six tricks. *Sic transit gloria mundi.*

The reunion ended at the Harvard Club with an intimate guestless dinner. Here the Class described some of its own adventures: D. J. Hurley spoke of his perplexing duties on the Massachusetts Board of Registration in Medicine; F. J. Wilkie-meyer told what Harvard and the New England Journal of Medicine meant in far-off Texas; A. L. Patch of Windsor, Vermont, contrasted life in a country general practice with the life of medical city folks; W. D. Reid was induced to say how it happened that he had written a book dealing with the problems of medical education; Frank Pemberton, Clinical Professor of Gynecology, spoke on behalf of the School; and finally the dinner ended with a rising vote of thanks to the Class Secretary, J. J. Hepburn, for the magnificent manner in which he had organized and carried through the various festivities.

The Class of 1909, as may be seen from this account, is remarkable for its initiative and vigor. Perhaps its final accomplishment at the reunion demonstrated this more strikingly than anything else. Just before the time came to say farewell, Secretary Hepburn announced that within the last few months a Class Fund had been set up and that this fund was now to be turned over to the Medical School Library for the purchase of books. In taking this step, the Class follows the example of 1908 in an effort to lay the groundwork for a felicitous custom. To future Harvard Medical School classes 25 years old, 1909 passes along the words, "Go and do thou likewise."

LETTER COLUMN
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To the Editor:

In compliance with the wishes of our past president, Dr. Quinby, I am formally presenting to you the matter which I brought up for discussion at our last annual meeting.

For the past year I have talked with a large number of students and recent graduates of the School and have received from them complaints as to the lack of training which they are being given in regard to contagious and infectious diseases. It appears that for a number of years the students have not been going to the South Medical Department of the City Hospital to receive instruction in these diseases from Dr. Place. It is not fitting that I should state at this time the reasons why this instruction is not being given, as that, of course, is a matter for the School authorities. However, the fact remains that if these complaints are based on fact, our students are not receiving the instruction which they should receive in these very important diseases.

You know as well as I that one of the chief conditions which the young physician will meet in his practice are diseases connected with children, particularly these infectious and contagious conditions. Most students do not come in contact with these conditions during their internship, and unless they receive adequate instruction in them while they are undergraduates, they are left to flounder by themselves after they start in practice. A member stated at the annual meeting that one of our stock arguments which is presented each year to the Legislature to combat the licensing of chiropractors and other cultists, is that such men would be dangerous to the health of the community because they would be unable to recognize these acute contagious conditions. It seems that we are placing ourselves in a precarious position when our own students are inadequately trained to recognize these conditions.

It was my understanding of the consensus of opinion at our meeting that when this matter was called to your attention you would appoint a committee to make a thorough but tactful investigation into the facts, and if the situation is as it has been represented that they would undertake steps to have the situation remedied.

The other matter which I called to the attention of the members was the question of formal instruction in the art of anaesthesia. The haphazard method of instruction which has been followed out in the past has resulted in very few of the students having received adequate instruction as to the various types and uses of anaesthesia. It seems to me that the time is ripe for a formal course in this branch of medicine to be given under the direction of the Department of Surgery, in which instruction will be given as to the many varying types of anaesthesia, both general and local, and the indications and contraindications to the use of these various procedures.

JOSEPH M. LOONEY, M.D. '20.  
May 28, 1934.

Editor's Note: The Alumni Council decided that the teaching of anesthesia is taken care of in the School, as adequately as possible, and that the technical details of this subject must be left to the internship training. Report on "Teaching of Contagious Diseases" is on page 5.

#### CELEBRATES 100th BIRTHDAY

Dr. William Lewis MacDonald, 95 Mt. Vernon Street, Boston, celebrated his 100th birthday on July 29, 1934, at his summer home and birthplace, Cambridge, Queens County, N. B.

When a young man he came to Boston where he was apprenticed to a dentist at a fee of \$100 a year while attending the Harvard Medical School, from which he was graduated in 1865. This was the best method of fitting for the dental profession in Boston at the time. After graduation he served as district physician to the Boston Dispensary, first in the South Cove district, and later in the North End Dis-

trict. The financial depression prevented him from going to Europe for graduate medical study; therefore, he took up dental practice as he had originally intended to do. Although he never practiced plastic surgery, he made several artificial noses, and through Codman & Shurtleff developed a device which was worn for cleft palate. He continued in practice in Boston until 1910.

He still enjoys music, but needs a front row seat. He reads a great deal and follows the events of the day with interest. His sense of humor is best expressed in his remark last April that he was not going to run the Marathon with DeMar this year. In a recent letter he writes that he has "bathed in the lake, and once undertook to do something in the hayfield near the house, but accomplished very little".

Editor's Note: The editor does not know whether or not Dr. MacDonald is the School's oldest living graduate. If any reader knows of an older graduate, the editor would be pleased to hear of him.

### BOOK REVIEWS

*The Road to Adolescence*, by Joseph Garland, M.D., '19. 293 pp. Cambridge: Harvard University Press. 1934. \$2.50.

Written in a simple, straightforward manner and in a style that makes it as interesting as it is instructive "The Road to Adolescence" serves as an important sequel to Dr. Garland's previous publication, "The Youngest Member of the Family." Such important subjects as environment and heredity as well as normal growth and normal physiology are discussed in terms that the parent can readily understand and thereby appreciate the constant changes that are taking place. The fundamental principles of nutritional and dietary requirements, the use of vaccines and sera, the proper selection of schools and camps, and many other questions are treated in an admirable manner. In the chapter dealing with the special problems

in education, the deeply concerned parents will find an answer to many of the perplexities which they face, expressed in a clear and understanding way. There the treatment of the handicapped group of children is considered; the general principles to be followed in caring for children with behavior problems are treated in a manner denoting authority, together with the newer ideas relating to many of the remediable difficulties which may account for poor marks in school and many other phases which are of so great significance at this period of life. The last chapter, "As the Twig is Bent" sums up in a delightful way, the subjects of personality and behavior, of training of mind and morals. It is indeed refreshing to find all of these factors savored with the condiment of common sense.

K. D. B.

### CURRENT ACTIVITIES AT THE HARVARD MEDICAL SCHOOL, COURSES FOR GRADUATES

- Oct. 8-13, inclusive. *Treatment of Fractures*. Given by the Fracture Service of the M. G. H. (102 doctors attended, coming from 34 states, 1 U. S. territory, 1 U. S. possession, 2 Canadian Provinces.)
- Oct. 22-27, inclusive. *Diagnosis and Treatment of Injuries to the Brain and Spinal Cord and their Coverings*. Given by Dr. Donald Munro and associates at the B. C. H.
- Oct. 22-Nov. 17, inclusive. *General Surgery*. Given at the M. G. H.
- Oct. 1-31. *General Course in Internal Medicine*. Given at the Peter Bent Brigham Hospital.
- Nov. 1-30. *General Course in Internal Medicine*. Given at the M. G. H.
- Sept. 19-Dec. 26, inclusive: Wednesdays, 10.30 a. m. to 12.30 p. m. *General Course in Internal Medicine*. Given by Dr. Frederick T. Lord at the M. G. H.
- Oct. 3-June 5, inclusive: Wednesdays, 2 to 4 p. m. *Medical Diagnosis and Treatment*. Given by Dr. W. Richard Ohler and Dr. Soma Weiss at the B. C. H.
- Dec. 1-31. *General Surgery*. Given by Dr. Charles G. Mixter, Dr. Jacob Fine, and associates at the Beth Israel Hospital.
- For further information, write to Dr. Frank R. Ober, Assistant Dean in charge of Courses for Graduates, Harvard Medical School.



## CLEVELAND ALUMNI DINNER

During the convention of the American Medical Association in Cleveland, Ohio, last June, a dinner was arranged by the Harvard Club of Cleveland for Harvard Medical Alumni who were attending the convention.

The dinner was given on June 13 at the Hermit Club and 85 men were present. Dr. Richard Dexter, '05, of Cleveland, presided, and short addresses were given by Dr. Roger I. Lee, '05 and Dr. James B. Ayer, '07, both of Boston. Dr. Lee spoke of President Conant and predicted that he will rank as one of Harvard's greatest presidents. Dr. Ayer spoke of "personalities" among the present teachers of the School and said that, in his opinion, they compared most favorably with the School's great teachers of the past.

Following the dinner, Mr. Hugh Gaddis, College '12, president of the Associated Harvard Clubs, introduced the play, "The Return of Handsome Dan." The cast were members of the Harvard Club of Cleveland, and they gave a performance that was much appreciated.

The local committee, responsible for the arrangement of the dinner, was composed of Dr. Richard Dexter, '05, Dr. Russell Birge, '98, Dr. Robert Stecher, '23, and Dr. William Perry, '28.

## NECROLOGY

'71—SUTHER CORBETT MURRAY died at Moncton, New Brunswick, April 28, 1934.

'82-83—ARTHUR MILINOWSKI died at Buffalo, N. Y., April 30, 1934.

'84—GEORGE CLARENCE SHEPARD died at San Diego, Cal., July 20, 1934.

'93—ROBERT WALLACE HARDON died at Chicago, Ill., June 1, 1934.

'94-95—FREDERICK R. HOUGHTON died at Wellesley, Mass., June 11, 1934.

'96—JOHN HENRY O'CONNOR died at Boston, July 7, 1934.

'98—DANIEL LAWRENCE HEALEY died at Framingham, Mass., June 22, 1934.

'00—IRVING J. FISHER died at Liverpool, England, August 30, 1934.

'04—CHARLES D. EASTON died at New-

port, R. I., October 4, 1934, following an operation for malignancy. He trained at the Massachusetts General Hospital and practised internal medicine for years in Newport and in New York City.

'11—CARL ARTHUR HEDBLUM died at Toronto, Ont., Can., June 6, 1934.

'12—HENRY LYMAN died at Ponkapoag, Mass., June 15, 1934.

'14—JOHN OTIS GARFIELD NILES died at Plum Island, Newburyport, Mass., June 5, 1934.

'17—CHARLES WILLIAM HUTCHINSON died at Boston, June 26, 1934.

'24—VICTOR JOSEPH GIRARDI was drowned August 1, 1934, in the Windsor Pond at Plainfield, Mass.

'25—CHURCHILL CHARLES FRANKLIN died at Trenton, N. J., July 25, 1934.

## ALUMNI NOTES

'82—The address of Atherton P. Mason is 102 Rollstone St., Fitchburg, Mass.

'87—Edward Howard reports that he is living in LaJolla, Cal., where he has been Health Officer for some seven years. He is now 83 years old and is in good health.

'87—Howard Lilienthal has been elected president of the Physicians Art Club of New York City.

'90—Joel E. Goldthwait recently received an honorary degree from Massachusetts State College, formerly Massachusetts Agricultural College.

'92—Richard C. Cabot has resigned as Professor of Social Ethics at Harvard and become professor *emeritus*; he has held that professorship since 1920. From 1919 until 1933, when he resigned and became professor *emeritus*, he was also Professor of Clinical Medicine. Dr. Cabot was on the teaching staff of the Medical School continuously from 1899 until last year, and has been chief of the medical staff of the Massachusetts General Hospital.

'95—E. A. Codman is the author of a book on diseases and injuries of the shoulder.

'95—Harvey Cushing gave the principal address and received the honorary degree of LL.D. at the Commencement exercises at Syracuse University on June 4.

'95—William H. Robey, Clinical Professor of Medicine *emeritus* at the Harvard Medical School, has been reelected president of the Massachusetts Medical Society.

'98—Hugh Cabot, Professor of Surgery at the University of Minnesota and surgeon at the Mayo Clinic, Rochester, Minn., delivered the principal address at the graduation exercises at the Noble



